

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017913

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 5034

Registrar's No. 125

FILED JUN 6 1962

VS 300  
Rev. 4/59

1 0040

2 0047

3 2

4 0

5 1

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7 0

8 2

9 X

10

11 004

12 91-3

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Prairie Township</b>		c. CITY OR TOWN <b>Mexico</b>	
Length of stay in lb <b>Seconds</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Intersection Highway 19 &amp; 54</b>		d. STREET ADDRESS (If outside, give location) <b>15 Lakeside Place</b>	
3. NAME OF DECEASED (Type or print) First <b>Francis</b> Middle <b>Gene</b> Last <b>Snell</b>		4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 9, 1927</b>
9. AGE (last birthday) <b>35</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Implement Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Implement</b>	
11. BIRTHPLACE (City and state or country) <b>Monroe Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert E. Snell Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Culley</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Mae Snell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes Korean</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Glenn Snell, Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed chest and multiple head injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>instantaneous</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Shown from car</b>	
20c. TIME OF INJURY <b>12:40</b> Hour <b>May 26, 62</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 19 &amp; 54</b>		20f. CITY, TOWN, OR LOCATION <b>Audrain Missouri</b>	
21. I attended the deceased from <b>May 26, 1962</b> to <b>May 26, 1962</b> and last saw her alive on <b>May 26, 1962</b> . Death occurred at <b>12:40</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William W. Bradley MD, Cor</b>		22b. ADDRESS <b>Box 178, F. Arber, Missouri</b>	
22c. DATE SIGNED <b>May 26, 1962</b>		22d. LOCATION (City, town, or county) <b>Paris, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 28, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	
24. FUNERAL DIRECTOR <b>Precht-Hueston</b>		25. DATE RECD. BY LOCAL REG. <b>May 27 - 1962</b>	
ADDRESS <b>Mexico, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Keely</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

William W. Bradley, MD, Cor

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

2961 9 NOV

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl E. Duesch

Licensed Embalmer No. 3189

P. O. Address Mexico, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.